

A MODEST CENTENARIAN

SOME REFLECTIONS ON THE ORIGINS OF THE ROYAL HERBERT HOSPITAL

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IN the temples of ancient Babylon and Egypt, more than four thousand years ago, the art of healing was practised with a skill that seems in retrospect surprising; for to those temples came the sick and injured in search of comfort, to be treated and sometimes cured by herbs and even by the knife, accompanied by the mystic incantations of the priests. We know from ancient inscriptions that the methods used, though comical to the mind of the modern clinician, were quite often successful—indeed the chances of a cure are believed to have been better in those days than in the hospitals of London in the Middle Ages. What, then, had been lost in the course of centuries? The answer is simple; it is that the importance of *cleanliness* had ceased to be appreciated. In those bygone temples, there was plenty of fresh air and space in which to accommodate the sick, so that disease did not spread so readily from one person to the next: yet the appalling conditions of filth and squalor found in even the greatest of London's institutions in the Middle Ages are well known, and those days were surely the Dark Ages of Medicine.

As late as the middle of the nineteenth century, there had been but little improvement in many hospitals, and this was true of the Army's hospitals as much as of any others: when Florence Nightingale went with other ladies to nurse the wounded in the Crimean War of 1854-56, she was so horrified by the low standards she found in the Barrack Hospital at Scutari that she devoted most of her considerable energies from then on to stir the Government of the day into action. Mrs. Cecil Woodham-Smith in her biography of Miss Nightingale records that "the catastrophe which destroyed the British Army was a catastrophe of sickness, not of losses in battle The troops on the heights before Sebastopol fell sick of diseases resulting from starvation and exposure. When they were brought down to Scutari and entered the Barrack Hospital, they died of fevers resulting from the unsanitary construction of the Barrack Hospital assisted by insufficient food, filth, and overcrowding. The second sickness was the more fatal". Miss Nightingale, who had been appointed on the authority of the Cabinet to supervise the introduction of female nurses into the Scutari hospital, lost no time in reporting on the state of affairs she discovered there, and she found willing support in many quarters; not the least of her supporters was Sidney Herbert, who had been Secretary at War (not the same office as Secretary *for* War) since 1852, and who was one of her close personal friends.

The story of the Crimean War, and the development of the Army's Medical Services during the campaign, is in itself an absorbing tale; but this development was reflected in the provision of better facilities at home as well as abroad. Immediately after the War, a Royal Commission (over which Herbert presided) was appointed to enquire into the sanitary state of the Army, and it is not surprising that Florence Nightingale was asked to submit a paper of evidence. Most, if not all, of her recommendations were accepted and adopted in the final reports of the Commission, which in its turn proposed the establishment of a working party to carry out detailed investigations. This latter, the Barrack and Hospital Improvement Committee (again presided over by Sidney Herbert)

examined 114 military hospitals in Great Britain alone, as well as studying the plans of several hospitals in other countries and comparing them with the best current thought (including, of course, the ideas advanced by Miss Nightingale).

One of the hospitals examined by the Committee was the Royal Artillery Hospital at Woolwich. This, it was said, had been built to accommodate 304 patients; but when visited it held 579 (of whom some had perforce to be placed in marquees in the grounds). Furthermore, the buildings were quite unsuitable for their purpose, lacking as they did any adequate sanitary facilities. This, it should be remembered, was only a little over a century ago; and yet, over two hundred years ago, and before the Royal Artillery hospital was built, Sir John Pringle (an Army surgeon) in his "Observations on the Diseases of the Army" had said "When the disease begins to be frequent the sick should not be sent to one common hospital, at least not in such numbers as to vitiate the air, so as not only to communicate the infection to others, but to keep it up amongst themselves. . . . As to the disposition of hospitals with regard to preserving the purity of the air, the best rule is to admit so few patients into each ward that a person unacquainted with the danger of bad air might imagine there was room for double the number. . . . I have generally found those wards the most healthful when, by broken windows and other wants of repair, the air could not be excluded". This excellent advice on the prevention of cross-infection had been ignored at Woolwich, but a remedy was soon to be provided for, in 1859, Mr. Herbert became Secretary of State for War, and one of his first acts was to arrange for the building of a new hospital in the Garrison. This new hospital was to be designed upon the principles laid down by the Royal Commission and by the Improvement Committee. One of the members of the latter had been Captain Douglas Galton of the Royal Engineers, who was now to play a prominent part in the supervision of the construction of the new building, and from whose final report much of the information about the origin of the new hospital has been gleaned.

The principles followed in the design were, to modern eyes, so obviously necessary that it may be surprising that they had to be stated in the specifications: but a moment's thought will suffice to remember that hospitals were generally overcrowded at that time, and that this was an accepted thing whose evils were not recognized except by a few enlightened people. That these new ideas were not at once accepted will be seen later in references to contemporary Press reports.

Briefly, the principles laid down were :—

That the number of beds should be ten per cent of the garrison strength, which when applied to Woolwich required 620 beds (plus 28 beds for prisoners and a few beds for cases of "itch");

That the building should consist of a series of detached structures, each a separate hospital, connected by an open corridor running along the ground story;

The cubic space per bed was to be 1200 cu ft;

Impervious material was to be used for walls and ceilings;

There was to be sufficient provision for warming and lighting the interior of the hospital;

Waterclosets and sinks were to be fitted, with efficient sewage by impervious drains free of the buildings, cut off from the hospital by ventilated lobbies;

Fireproof materials, not wood, were to be used for staircases and landings;

Proper cooking apparatus was to be installed.

The dimensions of the wards, and the number of beds in each, were also specified; it was decided that there should be a maximum of 32 beds in any one ward, and that the windows should be spaced along the sides of the wards with the beds between them. Thought was given to the elimination of waste gases from fires and from gas lights, and to the accessibility of baths and other facilities required by the patients; there was to be a convalescent day-room, and at the other end of the scale there were to be rooms for the very ill (to avoid other patients being disturbed by noise). All this and more was to be accommodated in a building of only two floors, since it was believed that "bad air" would rise from the lower levels to contaminate the upper stories of a higher building.

Nor were the staff forgotten; the specification goes into great detail about where each grade of staff should be accommodated in relation to the hospital itself, saying for example that "the dispenser should also have a quarter in the hospital, to be in readiness for night calls". It was even laid down that there should be a room set aside for meetings, consultations, etc., of medical officers. The total number of staff is not clear, but the scale was said to be "one orderly for every ten sick and every fractional part of ten sick, and one nurse for every ward or set of wards except venereal or convalescent wards, no nurse having the care of less than 25 sick"—but it was also suggested that "in a properly constructed hospital a nurse could very well take charge of 60 sick on one floor", so it must be assumed that "nurse" was meant to imply a trained nurse, equivalent perhaps to a senior sister today. It is evident that the staff/patient ratio was much lower in those days than could now be accepted, for it seems that there would only have been about 65 orderlies and ten to twenty nurses for 640 beds.

The building was started in 1859, but as there is no known foundation stone the exact date remains a mystery. Situated on the western slope of Shooters Hill, the hospital consists of seven parallel ward blocks (most consisting of four wards, but some of less) joined by a single corridor which runs from east to west through the waist of each block, and a separate three-storey block to the north containing offices and staff accommodation.

On August 2, 1861, Sidney Herbert (then Lord Herbert, having been honoured for his great service to the Army and the nation by the award of a barony in 1860) died at his home, worn out by the immense struggles he had had during his terms of office. Florence Nightingale was distraught at the loss of a close friend and a man by whose backing she had had so much achieved; and it was at her suggestion that the new hospital at Woolwich was named the "Herbert Hospital". Nevertheless, all did not run smoothly for the new building: the Commander-in-Chief, the Duke of Cambridge, had never been in favour of the idea of constructing a new hospital in the garrison at Woolwich, and once Herbert was dead he tried to have the project cancelled. This gave rise to the remark of Lord de Grey, who said "Sir, it is impossible. Lord Herbert decided it and the House of Commons voted it". The building continued.

By early 1865, completion was in sight, but opposition was still rife : " The Times ", on 7th February of that year, reported:—

" The official inspection of the new Herbert Hospital, in course of completion on Kidbrook Common near Woolwich was terminated on Saturday. The committee consisted of Captain D. Galton, FRS, Under Secretary of State for War; Colonel J. S. Hawkins, Commanding Royal Engineer at Woolwich; Captain W. Newsome RE, divisional commanding officer; Mr. Mennie, surveyor to the War Department; Mr. Ware and Mr. Tait, clerks of the works; and Mr. G. Myers, the building contractor. The inspection occupied a period of nine days, when the committee at length resolved on the necessity of recommending that the eastern pavilion and other portions of the building be partially reconstructed, and that other measures should be taken to remedy as far as possible defects at the base of the building, many portions of which are tottering and unsafe, in consequence of the yielding of the soil. The cause of this is that the drainage, by an extraordinary oversight was ordered to be laid down below instead of above the deep layer of concrete and rubble forming the artificial foundation. The occurrence, for which, it is stated, the contractor is in no way responsible, is exceedingly unfortunate, as the structure in its present state, is said to have cost the Government upwards of £300,000. The pavilion has been " needled " or propped up, with a view of forming a new and more lasting and solid foundation without delay ".

Nevertheless, Captain Galton was able to say in his official report dated 19th June 1865 that the building was all but ready for occupation; some work remained to be done, but on 9th September the " Kentish Independent ", showing no more enthusiasm for the project than had " The Times ", reported that " the whole of the hut cottages in rear of the General Hospital (i.e. the old Royal Artillery Hospital) at Woolwich occupied by Staff-Sergeants and their families, have been vacated and given over to the Royal Engineer department to be cleared, for the erection, on their site, of the stables and other offices suitable for the Military Train Corps, whose Headquarters will be established in the hospital, about to be converted into barracks on the completion of the new Herbert Hospital on Kidbrook Common. The latter establishment, notwithstanding its many disadvantages for the habitation of invalids, is now in course of being furnished for the reception of patients from the old hospital. The War Department ships Thames and Inkerman have been engaged in conveying upwards of 500 tons of hospital furniture from the stores at the Tower and Sheerness, and the transfer of the patients will take place in a few weeks. An estimate has been entered into with a view of ascertaining the additional amount of expenditure required for its conversion as a military barrack, which, it is stated, would entail an outlay of upwards of £50,000. This it appears at once decided in favour of the original intention of its designers, and, well or ill adapted, the experiment is ordered to be entered upon without delay ". If this was typical of the prevailing public opinion of the new hospital, it is perhaps not surprising that there was no opening ceremony; certainly, no trace can be found of any official note being taken of the arrival of the first patients at the Herbert Hospital. Only a brief report, again in the " Kentish Independent ", affords a clue to the date of the opening, for on Saturday 4th November 1865 its readers were told that " The patients in the Royal Artillery Hospital are being removed, as opportunity serves, to the new Herbert Hospital at Shooter's Hill, and the first-named building will shortly be converted into barracks for the Military Train ".

The first Governor of the Herbert Hospital, Colonel Shaw, took up his post on 1st November 1865, and this, together with the report of the move of the patients quoted above, suggests that the centenary date of the hospital is 1st November 1965. When Colonel Shaw arrived, there were no female nurses on the staff (though there is some evidence that female nurses may have worked previously in the garrison hospital); the first ladies to join the staff of the new hospital were welcomed on 17th October 1866 by "The Times" in the following terms:—

"Miss Shaw Stewart and eight attendant lady nurses from the Royal Military Hospital at Netley have taken up quarters in the Female Infirmary at Woolwich, and for some days past they have performed a portion of the day duties at the Herbert General Hospital, attending on the invalid soldiers, dispensing medicines, &c. The inmates complain, however, that they are unnecessarily deprived of the privilege of having their wants attended to by nurses of their own sex provided by the well-organised Army Hospital Corps, to whom they have been accustomed; and it appears to be generally considered that the introduction of the lady nurses is an innovation from which no benefit can possibly be derived. It was stated yesterday that the number of patients in the Herbert Hospital amounted to about 300, and that 19 in 20 had been understood to have expressed a dislike to the attendance of female nurses being thrust upon them contrary to their desire".

It is open to question whether a census in the hospital today would reveal the same reluctance to enjoy the attentions of the "lady nurses"!

Yet again, on 7th September 1867, "The Times" sniped at the new hospital; once more, the subject was the imminent collapse of the fabric. "The Herbert Hospital, recently erected for the use of the troops at Woolwich, and which has for some time past shown signs of dilapidation, on account, it was supposed, of imperfect drainage and an unsettled base, is now undergoing the process of what is termed "underpinning" reported the article. "A drain has been found at the base of the concrete, which was referred to some time ago in the Times as being the probable cause of the giving way of the building. The rents in the outer walls and throughout some of the pavilions became the subject of much discussion and were visited by Lord Dalhousie to convince himself of the fact, which was denied by the officials at the hospital at the time. It has since become evident that unless immediate measures are taken to stop the yielding of the foundation, the total destruction of the building must soon follow. Since the appointment of Colonel Gosset, the new Commanding Royal Engineer, the buildings have been excavated and surveyed. The work now in hand has been undertaken by a civil contractor, and about 30 or 40 men are employed in excavating to the base, driving galleries under the foundation, needling the walls, and underpinning them with balks of timber 12 inches square and Portland cement concrete. The work is supervised by Mr. Jones, one of the senior clerks of the works in the Royal Engineer Department, whose experience has brought into use a most available method of forcing in the concrete by means of a peculiar species of screw-jack, which is placed horizontally, and operates on the last layer about 12 inches thick, with a pressure of 20 tons. About £1,500 is stated to be the estimated cost of this work, which, it is hoped, will render the building perfectly secure".

From then until 1900, little of note seems to have happened to the Herbert Hospital, but in that year, on 22nd March, Queen Victoria visited the hospital. Thenceforth it was to be known as the "Royal Herbert Hospital", and it appears that relations with the Press had by then improved. Certainly those relations are good today, especially with the local papers; it is a matter for regret that the date of opening of what has proved to be a most serviceable hospital should have been obscured by the unhappy atmosphere of a century ago.

As it approaches its centenary, the hospital is far from dying; it is true that, like all hospitals of such an age, its work could be done better in a brand-new building, but there are only limited funds available for building new hospitals and there are many other old buildings whose priority for replacement is much higher. Thanks to the foresight of its planners, the Royal Herbert is spacious enough to allow room for change and development within its existing walls while the budget is limited; its role today is vastly different from its original purpose as the hospital for Woolwich Garrison only. The gradual improvement in methods of treatment over the years has made it possible to reduce the number of beds by half, and at the same time to widen the field of medical cover provided. The hospital is now the Army's main orthopaedic centre, receiving cases from all over the world, but it still retains its role as a general hospital not only for Woolwich but also for the troops in the whole of the London area, as well as providing beds for soldiers' families. Some of the old ward blocks have been converted to uses not dreamed of when the hospital was built; ancillary services, such as radiography, physiotherapy, and laboratory facilities, have found space within its walls, and other old wards are now used as classrooms for the Army School of Physiotherapy, Army X-Ray School, RAMC Clerks' School, and the nurses' Preliminary Training School. There remain in use up to thirteen wards as required, though under present conditions some are in reserve, accommodating an average of over 200 patients (of whom about half are medical cases and half surgical).

From December 1962 (a very severe winter) until the summer of 1964, the Royal Herbert was on the Emergency Bed Service "net", accepting critically ill patients from the Woolwich area when the civilian hospitals were too full to find beds for them, and since December 1963 patients from the surgical waiting lists of the Woolwich Memorial Hospital have also been accepted. These civilian cases, especially the E.B.S. admissions, have presented a heavier nursing load and a number of unfamiliar administrative problems, but the few snags have been speedily sorted out and the benefits of this broadening of experience have been manifold. Not only are beds being provided for patients in need of them a little sooner than would otherwise be possible, but also the staff have gained much valuable experience of cases which they would not normally see in Service hospitals; and while this training aspect is valuable, the provision of beds for patients in need is more important and is indeed a moral obligation upon the authorities responsible for running any hospital.

The Royal Herbert Hospital may well be proud of its role in the community today; it is a far cry from the days of its opening, when its light was hidden under the proverbial bushel. Is there perhaps someone, somewhere, who possesses the diaries of an old soldier who may have been one of the first to enter the Herbert as a patient in 1865, and who can help to shed more light upon the mystery surrounding its opening?

New Service to the Medical Profession

In March this year a demonstration of the application of scientific technology to modern medicine was held in Vickers House, Millbank Tower, London to introduce the formation of a medical division of Vickers Limited.

This is a new development to collaborate with the medical profession and health services throughout the world. The medical division will be strengthened by an agreement whereby Oxygenaire Limited has become part of this new venture. Oxygenaire produce a wide range of medical products, has a world wide reputation and has given service to the medical profession both on a routine and emergency basis for many years.

National Poisons Information Service

The history, organization, staff, operation and use of this Service in Great Britain and N. Ireland are dealt with in the Monthly Bulletin of the Ministry of Health, Volume 24, February 1965.

The Service caters essentially for doctors and only exceptionally are enquiries entertained from other people.

In London, Guy's Hospital is recognised as a Regional Treatment Centre. In Scotland the index is located at the Poisoning Treatment Centre, Royal Infirmary, Edinburgh while in Cardiff the centre has been operating at the Royal Infirmary since 1st March 1964. In Northern Ireland the index is housed at the Royal Victoria Infirmary Belfast.

At all centres a brief record is made chronologically of every enquiry.

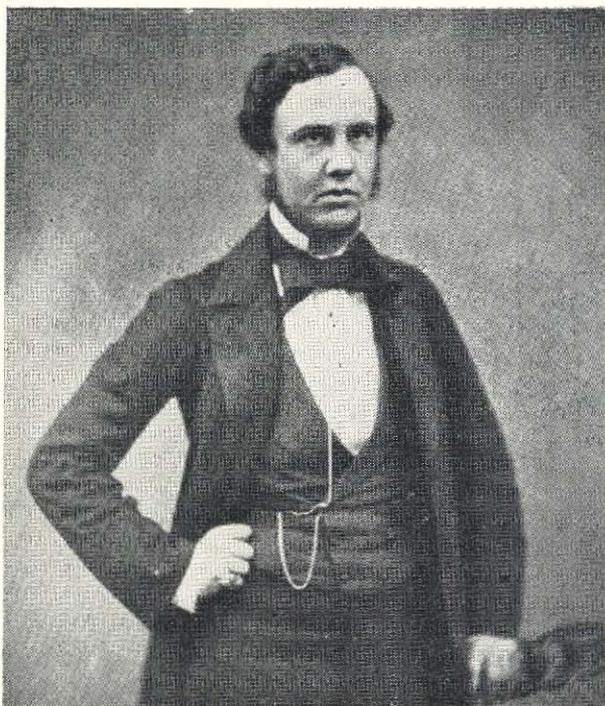
Tables in the Bulletin show the number and nature of enquiries and answers received.

The conclusions recorded are :

1. To judge by the volume of enquiries directed at the centres during their first year of operation this Service has met a real need.
2. The majority of so-called poisonings have been attended by no danger and a major function of the Service has been to relieve anxiety and to counsel against unnecessary energetic treatment where this has not been justified.
3. New clinical data have been collected on poisoning in this country especially that which is not fatal and, as a result, the Service will be better equipped in future for giving advice.
4. From the information assembled it is clear that accidental poisoning finds its largest incidence in small children. Prevention, therefore, is important especially keeping drugs and medicines out of reach.

Reference is well worthwhile to the original Bulletin. Few will realise that numerous housewives as a result of their energetic and chemical cleansing of lavatory pans "were overcome and had to be treated energetically for an acute brochial condition, fortunately never fatal".

THE STAFF OF THE MIDDLESEX HOSPITAL 1865



DR. CHARLES MURCHISON,
F.R.S.

(From a photograph in possession of
the Royal College of Physicians of
London).

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Librarian.*



Front Row (Left to Right):—T. W. Nunn (Surgeon and Dean of the School); J. Burdon Sanderson (Assistant Physician); T. Taylor (Lecturer on Chemistry); H. Thompson (Physician and Lecturer on Materia Medica); C. de Morgan, F.R.S. (Surgeon and Lecturer on Surgery); J. Hall Davis (Physician-Accoucheur and Lecturer on Midwifery).

Back Row (Left to Right) :—C. Heisch (Lecturer on Chemistry); T. Spencer Cobbold (Lecturer on Botany and Comparative Anatomy); S. W. Sibley (Lecturer on Pathological Anatomy); Alex Shaw (Senior Surgeon and Lecturer on Surgery); E. H. Greenhow (Assistant Physician and Lecturer on Medical Jurisprudence); A. P. Stewart (Senior Physician and Lecturer on Medicine); Dr. Woodham Webb (Lecturer on Histology); C. H. Moore (Surgeon and Lecturer on Anatomy); R. Liveing (Teacher of Practical Anatomy); S. J. Goodfellow (Physician and Lecturer on Medicine); Mr. Sheddon (Secretary to the Hospital).

(From a photograph in the collection of the Dean, Middlesex Hospital Medical School).